

<b>NIH-1742 (Rev. 10-85)</b>	<b>AGREEMENT CLEARANCE AND EXTRACT RECORD</b>	<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH</b>
----------------------------------	---	--

<b>CHECK ONE</b>  <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Intraagency Agreement	<b>BILLING ADDRESS</b>  Contracting Officer, National Institutes of Health Federal Building, Room 901 7550 Wisconsin Avenue Bethesda, Maryland 20892	<b>HHS CONCERNED AGENCIES</b>	<b>PRIMARY</b>  <b>OTHER</b>
<b>APPROPRIATION NUMBER</b>			
<b>CAN NUMBER</b>		<b>OTHER FEDERAL AGENCIES CONCERNED</b>	
<b>AGREEMENT NUMBER*</b>	<b>DOCUMENT NUMBER</b>	<b>CITY AND STATE OF PROJECT PERFORMANCE</b>	

**TITLE OF AGREEMENT (If any)**

**SUMMARY OF SUBSTANCE OF THE AGREEMENT**

**HHS AGENCY RESPONSIBILITIES UNDER AGREEMENT**

**CHARACTERISTICS OF THE AGREEMENT (HHS General Administration Manual 8-77-10)**

<b>PERIOD OF AGREEMENT</b>  <b>NAME(S) AND TITLE(S) OF HHS SIGNATORIES</b>	<b>NAME(S) AND TITLE(S) OF SIGNATORIES OF OTHER AGENCIES</b>
--	--

<b>DATE SIGNED</b>	<b>DATE SIGNED</b>
--------------------	--------------------

**DELEGATIONS OF AUTHORITY UNDER AGREEMENT (Other Side)**

**AGREEMENT COMMITS HHS RESOURCES (Funds, personnel, equipment, facilities, etc.) AS FOLLOWS (Be specific)**

**AGREEMENT ESTABLISHES REPORTING REQUIREMENTS BY OR TO HHS AS FOLLOWS**

**PROJECT OFFICER AT NIH (Contact for further information)**

HHS CLEARANCE	NIH ICD	SURNAME	DATE	OGC	SURNAME	DATE	NIH DFM	SURNAME	DATE	OMS OASA	SURNAME	DATE

(Use reverse side for additional information)

\*SEE NIH MANUAL 1165